

# COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

## APPLICANT INFORMATION

Applicant Name: John L. Permenter Address: 933 S. Haskell Ave  
Business Name: Cattle Rest City/Zip: Willcox/85643  
Liquor License #: 06020076 Parcel #: 203-12-007  
Ownership Type: LLC Liquor License ☒ Special Event Liquor License ☐  
Partner(s): \_\_\_\_\_

## TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT

We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

Cattle Rest Bar recently changed ownership and is currently closed. The Environmental Health Specialist for the area will be scheduling a pre-operation inspection next week to determine if any upgrades to the building and/or equipment will be necessary and ensure the business meets all requirements of the Sanitary Code, Food Code and Prop 201. Once any/all necessary upgrades have been completed and all requirements are met, Cochise County Environmental Health has no objection to the Interim Permit/Person Transfer to applicant of Liquor License #06020076.

## OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

- ☒ The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- ☐ The Health Department is currently working with the property owner on health-related issues with the subject property.

Name: Mary Gomez Title: Director, Health & Social Services  
Signature: *Mary Gomez* Date: November 14, 2012  
Contact phone: 520.432.9404 Email: mgomez@cochise.az.gov

Return completed form with any attachments by: 11/13/12

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Partner(s): P Bar C Cattlerest, LLC

## TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

☒ Yes ☐ No

If not, please attach pertinent documentation.

Comments:

Name: Lynn Phillips Title: Secretary II  
Signature: Lynn Phillips Date: November 13, 2012  
Contact phone: 520-432-8422 Email: lphillips@cochise.az.gov

Return completed form with any attachments by: 11/13/12



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## For internal use only:

- ☐ Restaurant/Hotel-Motel  
☐ Club/Government  
☐ Transfer of Premises

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Business Name: Cattlerest City/Zip: Willcox/85643  
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Ownership Type: LLC Liquor License ☒ Special Event Liquor License ☐  
Partner(s): P Bar C Cattlerest, LLC

### TO BE COMPLETED BY THE PLANNING & ZONING DEPARTMENT

Please advise if, at the time the application was filed:

1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or
2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building.

If so, please attach pertinent documentation and drawings or maps.

Comments: Proposed site not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building.

Based on the above information, the Planning and Zoning  
Department's recommendation to the Board of Supervisors is:

Approval



Disapproval



### OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y ☒ N ☐

Zoning: GB

Use permitted by P&Z? Y ☐ N ☒

Permit#: N/A

Date Permit Issued: N/A

Use Permitted: Bar/Tavern

If use not permitted, is it LNC? Y ☒ N ☐

Year LNC Established: 1963

- ☐ The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.
- ☐ The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- ☐ The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.
- ☐ The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: Dora V Flores

Title: Permit and Customer Service Coordinator

Signature: Dora V Flores

Date: November 8, 2012

Contact phone: 520-432-9240

Email: dflores@cochise.az.gov

Return completed form with any attachments by: 11/13/12

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## TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. The applicant, or any named partner(s), has had a felony conviction within five (5) years prior to the application or;
2. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: The applicant has not had any felony convictions within the previous five (5) year period. The location has not had any significant number of events in the previous five (5) year period.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval

Disapproval

No Recommendation



Name: Ken Buckner

Title: Deputy Commander

Signature: D.C. K. Buckner

Date: November 07, 2012

Contact phone: 520-432-9506

Email: kbuckner@cochise.az.gov

Return completed form with any attachments by: 11/27/12